

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: _____		2 Serial/Patent # <u>10</u>																																																			
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 10%;">6 AMOUNT</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$ <u>50</u></td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$ <u>50</u>	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u>50</u></div>		
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10 REASON: <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Overpayment</td><td rowspan="3" style="width: 15%;"></td><td rowspan="3" style="width: 10%;"></td><td rowspan="3" style="width: 10%;">8 TO BE REFUNDED BY:</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment			8 TO BE REFUNDED BY:	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	Treasury Check Credit Deposit A/C #: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 9 08--3284 </div>																																										
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<i>Rule change - 08 Dec 2004</i>																																																					
11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>																																																			
SIGNATURE: <u>Larry M. Johnson</u>		PHONE: <u>703-308-9140</u>																																																			
OFFICE: <u>DO/EO</u>		<u>X221</u>																																																			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: